Time Critical Diagnosis (TCD)-Stroke and STEMI System Document

STEMI-Specific

Number 9. Field triage guidelines for STEMI patients

Draft 8/6/09

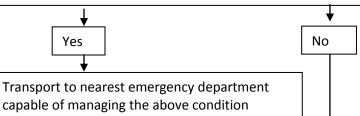
TITLE: STEMI Field Triage Guidelines
DISTRIBUTION: All Emergency Medical Services

PURPOSE: To guide triage and treatment of STEMI patients and guide transport to

the closest appropriate designated STEMI center

Step 1

Assess life threatening conditions—serious airway or respiratory compromise that cannot be managed in the field



Step 2

Assess Vital Signs and ECG-ECG identifies ST elevation in two contiguous leads or LBBB and signs of <u>cardiogenic shock</u> present:

- 1. Hypotension, systolic blood pressure <90 or
- 2. Respiratory distress <10 or >29 or
- 3. Tachycardia, heart rate > 100



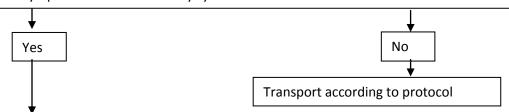
Consider air/ground transport; call the hospital with MI diagnosis

- 1. Transport to Level I STEMI center, unless there is a Level II 30 minutes closer.
- 2. Patient can sign an 'Against Medical Advice' form if they insist on alternate location.
- 3. If patient becomes unmanageable during transport, revisit Step 1.

Step 3

Assess other factors

- Elevated ST on ECG
- Signs and symptoms of acute coronary syndrome



Deliver patient to highest level of care available as rapidly as possible.

- 1. Take to Level I or Level 2 STEMI center if within 90 minutes transport time, or if thrombolytic ineligible.
- 2. If greater than 90 minutes transport time, transport to Level III or Level IV for lytic therapy within 30 minutes and/or rapid transfer protocols to a Level I or Level II.

***** needs to be revisited based on different points of view...how to achieve optimal results.****

Field Triage Guidelines for STEMI Patients 8/6/09

Abbreviations-Acronyms: ECG-Electrocardiogram

LBBB

STEMI-ST-elevation myocardial infarction

Stroke and STEMI meetings at which STEMI Work Group contributed input to this document: 4/7/09 and 5/12/09.